

**Application for License to
Operate a Long-term Care Facility**

For Office Use Only
Received 1/18/10
Amount 1410.00

#21132259

RECEIVED

JAN 18 2011

OFFICE OF INSPECTOR GENERAL

I. IDENTIFICATION

GGNSC Administrative Services LLC

Name Golden Living Center - Vanceburg
Address 58 EASTHAM ST
City/County/Zip Vanceburg Ky 41179
Telephone number 606-796-3046
Administrator MELISSA BENTLEY - Int. ED.
Date facility operation began at current address MARCH 1979
Date facility began operation under current owner 4-1-06

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>94</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State
County
City
Private ☒

Profit ☒
Nonprofit

Individual
Partnership
Corporation ☒

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

(OVER)

12/31

If facility owned or leased by a corporation, complete the following:

Name of corporation GGNSC
Address of corporation 1000 FIANNA WAY Ft Smith Ark 72919
President or Chairman Hershel Sedoris
Vice President K. Roberts, L. Joseph, J. Grobmeyer
Secretary H. Jones
Treasurer A. Gruntt

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent	Management Company
_____	_____
_____	_____
_____	_____

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

<u>Melissa Bexley</u>	<u>Int. E.D.</u>	<u>12-21-10</u>
Signature of authorized representative	Title	Date

Return Application and fee to:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

OIG 5
(10/2002)